



## GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY

237 Coliseum Drive  
Macon, Georgia 31217-3858  
(478)207-1620  
[www.sos.state.ga.us/plb/ot](http://www.sos.state.ga.us/plb/ot)

### REFERENCE – PERSONAL

**APPLICANT:** Please have a NON-RELATED INDIVIDUAL COMPLETE THIS FORM. Individual completing this form does not have to be a licensed/certified Occupational Therapist. Print your name and indicate the type of license you are seeking.

**NAME:** \_\_\_\_\_ (hereinafter applicant), ☐OT ☐OTA

Applicant: Do Not Write Below This Line

**PERSONAL REFERENCE:** This form must be returned directly to the board at the above address. Do not give the completed form to the applicant. Please Complete The Following Information and Sign Below before a Notary:

**Your Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**NBCOT Number:** \_\_\_\_\_ **License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Current?** YES ☐ NO ☐  
(Foreign therapist may submit their practice credential)

**REFERENCE: PLEASE COMPLETE ONE OF THE FOLLOWING STATEMENTS:**

#### STATEMENT FOR LICENSURE:

Under penalty of perjury, I declare and attest that I have direct and actual knowledge of \_\_\_\_\_  
(hereinafter, applicant) and that I have known and observed the applicant within the last 5 years and that I am not related to the applicant. I believe the applicant to be honest, have integrity and be of good moral character.

I AM UNABLE TO SUBMIT A REFERENCE FOR \_\_\_\_\_ (Print applicant's Name)

In the State of \_\_\_\_\_, County of \_\_\_\_\_

Reference Signature \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Date \_\_\_\_\_

\_\_\_\_\_  
(SEAL)  
Signature of Notary

My commission expires: \_\_\_\_\_